



## Complete Summary

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### TITLE

Asthma: percent of patients who have had a visit to an Emergency Department (ED)/Urgent Care office for asthma in the past six months.

### SOURCE(S)

HDC topics: asthma. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[cited 2005 Mar 31]. [8 p].

## Measure Domain

### PRIMARY MEASURE DOMAIN

#### Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percent of patients who have had a visit to an Emergency Department (ED)/Urgent Care office for asthma in the past six months.

### RATIONALE

Asthma is a chronic lung condition that increasingly is being recognized as a major international public health challenge. But although asthma is a chronic respiratory disease, much can be done to manage the symptoms. Never before have we had so many good, safe oral and inhaled drugs for the treatment of asthma as we do today. Evidence-based guidelines have been proven to be effective in improving the daily lives of patients with this disease.

Unfortunately, despite our progress, we know that many individuals with asthma still suffer unnecessarily from the symptoms of disease. Guideline implementation

lags in many practices across the country. In a healthcare system designed around acute care, chronic illnesses including asthma are not managed as effectively as they could be. Translating research into practice is not as easy as it sounds, even when we know it is the right thing to do.

The Asthma Collaborative is designed to help healthcare providers improve the care they provide to people with asthma. Focusing on specific measures that are based on clinical guidelines, practices concentrate on changes that truly make a difference. By providing tools and proven strategies to change the way asthma care is delivered, the Asthma Collaborative has improved the lives of thousands with asthma.

This measure is one of 11 measures that participants track in the HRSA Health Disparities Collaborative for Asthma.

#### PRIMARY CLINICAL COMPONENT

Asthma; Emergency Department (ED)/Urgent Care visit

#### DENOMINATOR DESCRIPTION

Total number of patients with asthma in the registry with documented query about Emergency Department (ED)/Urgent Care visits

#### NUMERATOR DESCRIPTION

The number of patients from the denominator who have had a visit to an Emergency Department (ED)/Urgent Care office for asthma in the past six months reported at last contact

Note: ED/Urgent Care visits can be counted from patient self-reports and from reports sent to the clinic by ED or Urgent Care offices.

### Evidence Supporting the Measure

#### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Use of this measure to improve performance

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

HDC topics: asthma. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[cited 2005 Mar 31]. [8 p].

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Collaborative inter-organizational quality improvement  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Emergency Medical Services  
Hospitals

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

### TARGET POPULATION AGE

Unspecified

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Asthma affects between 14 and 15 million people in the United States alone. There are 4.8 million children with asthma in the U.S. During the past 15 years, its prevalence around the world has doubled.

## EVIDENCE FOR INCIDENCE/PREVALENCE

HDC topics: asthma. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[cited 2005 Mar 31]. [8 p].

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: asthma training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 71 p.

## ASSOCIATION WITH VULNERABLE POPULATIONS

In the U.S., rates of asthma deaths, hospitalizations, and emergency department visits have been increasing for more than two decades, especially among African Americans and children. Since 1979–82, the average age-adjusted asthma death rate for blacks has increased 71 percent versus 41 percent for Caucasians, and in 1995–98, the death rate was almost three times that of Caucasians.

Similarly, between 1992 and 1998, rates of emergency department visits for asthma increased, with the greatest increase in children ages 10–17. Children under 5 accounted for the highest rates of emergency department visits. Hospitalization rates also rose during this time period. Between 1979–81 and 1997–99, hospitalization rates for children under 5 increased 48 percent. In 1997–99, hospitalization rates were more than three times higher for African Americans than for whites.

## EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: asthma training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 71 p.

## BURDEN OF ILLNESS

In 2000, there were 100 million total days of restricted activity among persons with asthma and 5,000 deaths of asthma.

See also the "Association with Vulnerable Populations" field.

## EVIDENCE FOR BURDEN OF ILLNESS

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: asthma training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 71 p.

## UTILIZATION

In 2000, the annual hospitalization rate among persons with asthma was 470,000.

See also the "Association with Vulnerable Populations" field.

## EVIDENCE FOR UTILIZATION

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: asthma training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 71 p.

## COSTS

The total cost of asthma in 2000 was estimated to be \$12.7 billion, with direct medical costs amounting to \$8.1 billion and lost earnings due to illness and death totaling \$4.6 billion.

## EVIDENCE FOR COSTS

Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: asthma training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 71 p.

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Living with Illness

### IOM DOMAIN

Effectiveness  
Equity  
Patient-centeredness

## Data Collection for the Measure

### CASE FINDING

Users of care only

### DESCRIPTION OF CASE FINDING

Total number of patients with asthma in the registry with documented query about Emergency Department (ED)/Urgent Care visits

### DENOMINATOR SAMPLING FRAME

Patients associated with provider

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

Total number of patients with asthma in the registry with documented query about Emergency Department (ED)/Urgent Care visits

#### Exclusions

Unspecified

### RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

### DENOMINATOR (INDEX) EVENT

Clinical Condition

### DENOMINATOR TIME WINDOW

Time window is a single point in time

### NUMERATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

The number of patients from the denominator who have had a visit to an Emergency Department (ED)/Urgent Care office for asthma in the past six months reported at last contact

Note: ED/Urgent Care visits can be counted from patient self-reports and from reports sent to the clinic by ED or Urgent Care offices.

#### Exclusions

Unspecified

### MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

### NUMERATOR TIME WINDOW

Encounter or point in time

### DATA SOURCE

Special or unique data

### LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

## OUTCOME TYPE

Proxy for Outcome

## PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

## SCORING

Rate

## INTERPRETATION OF SCORE

Better quality is associated with a lower score

## ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

## DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Nationally, ED/Urgent Care visit rate for children 0 to 5 is twice the rate of patients 6 to 64. Health centers may want to look at ED/Urgent Care visits for those young children separately to understand issues and opportunities.

## STANDARD OF COMPARISON

Internal time comparison  
Prescriptive standard

## PRESCRIPTIVE STANDARD

Goal: less than 5%

## EVIDENCE FOR PRESCRIPTIVE STANDARD

HDC topics: asthma. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[cited 2005 Mar 31]. [8 p].

## Evaluation of Measure Properties

## EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

ED/Urgent Care visits for asthma.

### MEASURE COLLECTION

[HRSA Health Disparities Collaboratives Measures](#)

### MEASURE SET NAME

[HRSA HDC Asthma Collaborative Measures](#)

### SUBMITTER

Health Resources and Services Administration

### DEVELOPER

HRSA Health Disparities Collaboratives: Asthma Collaborative

### ADAPTATION

Measure was not adapted from another source.

### RELEASE DATE

2002 Jan

### REVISION DATE

2003 Jan

### MEASURE STATUS

This is the current release of the measure.

### SOURCE(S)

HDC topics: asthma. [internet]. Rockville (MD): HRSA Health Disparities Collaboratives; 2005[cited 2005 Mar 31]. [8 p].

### MEASURE AVAILABILITY

The individual measure "ED/Urgent Care Visits for Asthma," is available from the [Health Disparities Collaboratives Web site](#).

### COMPANION DOCUMENTS



The following is available:

- Institute for Healthcare Improvement. Health Disparities Collaboratives changing practice, changing lives: asthma training manual. Cambridge (MA): Institute for Healthcare Improvement; 2002. 71 p. This document is available in Portable Document Format (PDF) from the [Health Disparities Collaboratives Web site](#).

#### NQMC STATUS

This NQMC summary was completed by ECRI on July 5, 2006. The information was verified by the measure developer on August 18, 2006.

#### COPYRIGHT STATEMENT

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Date Modified: 10/2/2006

The logo for FIRSTGOV, with "FIRST" in blue and "GOV" in red, and a small red star above the "I".

